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## BIB DATA SHEET

CONFIRMATION NO. 3500

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/566,322	10/18/2007 RULE	435	1648	643802000203						
<b>APPLICANTS</b> David R. Milich, Escondido, CA; Jean-Noel Billaud, San Diego, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/23391 07/19/2004 which is a CIP of 10/630,070 07/30/2003 PAT 7,320,795 and is a CIP of 10/630,074 07/30/2003 PAT 7,144,712 (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/11/2008										
<table border="1"> <tr> <td>           Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No            Verified and Acknowledged <u>/ZACHARIAH LUCAS/</u>  <small>Examiner's Signature</small> </td> <td> <input type="checkbox"/> Met after Allowance  <small>Initials</small> </td> <td> <b>STATE OR COUNTRY</b>            CA         </td> <td> <b>SHEETS DRAWINGS</b>            48         </td> <td> <b>TOTAL CLAIMS</b>            12         </td> <td> <b>INDEPENDENT CLAIMS</b>            2         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ZACHARIAH LUCAS/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 48	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
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<b>ADDRESS</b> MORRISON & FOERSTER LLP 425 MARKET STREET SAN FRANCISCO, CA 94105-2482 UNITED STATES										
<b>TITLE</b> Hepatitis Virus Core Proteins as Vaccine Platforms and Methods of Use Thereof										
<b>FILING FEE RECEIVED</b> 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						